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|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

## APPLICANTS

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*Yes*  
 \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/068,592 02/05/2002 PAT 6,721,976

*No*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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|   |                               |                         |                       |                            |
|---|-------------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>OH     | SHEETS<br>DRAWING<br>10 | TOTAL<br>CLAIMS<br>10 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                         |                       |                            |
| Verified and Acknowledged   | Examiner's Signature <i>M</i> | Initials                |                       |                            |

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## TITLE

Surgical table

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